

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

69/271584

FILING DATE

6-5-18-99

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3		1				
4	1					
5		4				
6		1				
7	1					
8		4				
9		1				
10		1				
11		1				
12		4				
13		4				
14		4				
15		4				
16	1					
17		4				
18		4				
19		4				
20		4				
21		4				
22		4				
23		4				
24		4				
25		4				
26		4				
27		4				
28		4				
29		4				
30		4				
31		4				
32		4				
33		4				
34	1					
35		1				
36		1				
37		1				
38		1				
39		1				
40		1				
41	1					
42		1				
43		1				
44		1				
45		3				
46		1				
47		1				
48	1					
49		1				
50	1					
TOTAL IND.	10					
TOTAL DEP.	67					
TOTAL CLAIMS	77					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53	1					
54		1				
55						
56		1				
57						
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59						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	7					
TOTAL DEP.	52					
TOTAL CLAIMS	59					

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS